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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051104

RAJMIN	CORPORATION								
Principal Place	of Business	Mailing Address				-	// Alima ((mm) +)#+)	# BILL WIRT (# 41	
THE LAUNDRY ROOM 1 5811 TRELLIS LANE 2020 W PENSACOLA ST TALLAHASSEE FL 32311 TALLAHASSEE FL 32304						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed 06/14/1996		ł	
<u> </u>	(5)	2a. Mailing Address				4. FEI Number	Ar	plied For	
	ace of Business	⊢ ř				65-0676057	<u> </u>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· · ·	5. Certificate of Status Desired	\$8.75	Additional	
27						V. Certificate of Status Estates	Fee Re	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
28						Trust Fund Contribution	Added 1	to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year le	ntangible		
24	25	29	30			Personal Property Tax.	☐ Yes	No No	
	9. Name and Address of Curre					10. Name and Address of New Registered	d Agent		
			8	B1	Name				
AMIN, SUREKHA D 5811 TRELLIS LANE				82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32311				83			•		
					City	20 At 150 At	85 Zip (Code , , ,	
				ali di		.	490年1月		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was at	ithorized t	ov tn	named corpo ie corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	ointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title if applicable (NOTE:	Registered A	gent s	signature required	when reinstating) DATE			
12.		ND DIRECTORS	13.	-gont b	/g	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D	DELETE	1,1 TITL	F			Change	Addition	
			1.2 NAM		-			_	
NAME	Will, Continue			1.3 STREET ADDRESS					
STREET ADDRESS	OTT THEELE BITTE							ļ	
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CITY-5		ZIP		Change	Addition	
TITLE	DELETE 2		2.1 TITL	2.1 TITLE			[_] Criainge	∑ Addition	
NAME	amin, Devendra a		2.2 NAM	2.2 NAME					
STREET ADDRESS	5811 TRELLIS LANE		2.3 STR	2.3 STREET ADORESS				}	
CITY-ST-ZIP	TALLAHASSEE FL 32311		2. 4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS	3:		3.3 STR	. 3.3 STREET ADDRESS				•	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		•			
TITLE	☐ DELETE 4.11		4.1 TITL	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME			•		_	
STREET ADDRESS					DDRESS			.	
CITY-ST-ZIP			4.4 CITY-S		ZIP				
TITLE		☐ DELETE	51 TITLE				Change	Addition	
NAME			52 NAME						
STREET ADDRESS			5.3 STR	REETA	ODRESS				
1			54 CITY						
CITY-ST-ZIP				6.1 TITLE			☐ Change	☐ Addition	
ĺ		_ 0222.0	6.2 NAM					_	
NAME					ODRESS .				
STREET ADDRESS	i e		3.5 G I N						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS